



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/24/2006

Business ID: 391792

William M. Gardner

Secretary of State

470 ROUTE 101 WEST, LLC

470 RT 101

BEDFORD , NH 03110

ADDRESS OF PRINCIPAL OFFICE:

470 RT 101

BEDFORD , NH 03110

REGISTERED AGENT AND OFFICE:

STEVEN B WORTHEN SR.

99 BEDFORD CENTER RD.

BEDFORD , NH 03110

ENTITY TYPE: LLC

BUSINESS ID: 391792

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE OWNERSHIP

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA.

STREET 470 RT. 101

CITY/STATE/ZIP BEDFORD NH 03110

MANA.

STEVEN BYRON WORTHEN SR.

STREET

55 RIVER RD.

CITY/STATE/ZIP MANCHESTER NH 03104

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

STEVEN BYRON WORTHEN SR.

Please print name and title of signer:

STEVEN BYRON WORTHEN SR.

NAME

/ MANAGER

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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